					· -	Complete if	Клоюп		
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 09/774,888			D:	DECEMEN	
FEE TRANSMITTAL				Filing Date	F	ebruary 1, 200	CENTRA	LFAYOR	
1, 131	FOR F			First Named I	nventor ]	un KOYAMA	et al. NOV	2 2 222	MIEK
Applicant cl	aims small cotity	status. See 37	CFR 1.27	Examiner Name		Jun KOYAMA et al.  Howard Weiss		5	
	NT OF PAYME		(\$) 3,800	Art Unit		2814			<u>:</u>
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	☐ Credit Car			None L	Other (pleas		XON PEABODY L	LP	:
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				CCW) IS INCIC.	Char	ve fee(s) indica	ted below, exce	pt for the	filing fee
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FEE CALC				ON PEEP					
1. BASIC	FILING, SEA	ARCH ANI	) EXAMINATI	ON FEES SEARCH FEES		EXAMINATION FEES			
		FILING FEES Small Entity		Small En		tv	Small Entity		i
Annlica	tion Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees	Paid (\$)
Utility	VIOLE LYPY.	300	150	500	250	200	100		
		200	100	100	50	130	65		<u> </u>
Design				300	150	160	80		
Plant		200	100		250	600	300		
Reissue		300	150	500	0	0	0		
Provisio		200	100	0	U	· ·	·	•	Small Entity
2. EXCES	SS CLAIM F	EES						Fec (\$)	Fee (\$)
Fee Descriptio		· Reissues, e	ach claim over	20 and more	than in the or	iginal patent	_	50 200	; 25 ; 100
Each indepe	ndent claim o	ver 3 or, for	Reissues, each	independent	claim more tl	han in the origit	nal patent	360	180
Multiple do	cument claims	;		Fee (\$)	Fee Pal		iple Dependent Cla	(ms	
Total Claims	- 20 or HP =	Extra Cla 52		50	= \$2.66		ee (S) Fee Pai	<u>d (5)</u>	i
UP == highest			if greater than 20	_					· ,
Indep. Claims		Extra Cla		Fee (5)	Fee Pa				;
9	- 3 or HP =	6	x	200	- \$1.2	<u>00</u>			;
HP =- highest	number of indepe	andent claims p	said for, if greater th	an 3					
3. APPL	ICATION SI	ZE FEE	ngs exceed 100 s	L	e the applica	etion size fee du	e is \$250 (\$125	for small	entity)
If the	e specification	and drawir Ladditional	igs exceed 100 s l 50 sheets or fra	ction thereof	See 35 U.S	.C. 41(a)(1)(G)	and 37 CFR 1.1	б(s).	•
Total Sh		Extra S		Number of e	ach additional:	20 OL MICOOM MIC	<u>eof</u> <u>Fee</u>	(\$)	Fee Paid (S
Total Sh	- 100		/ 50 =		(round up to	a whole number)	x	=	<del></del>
4. OTH	PD PEF(S)								Fees Paid (
Non-E	EK LED(O)								
Other	inglish Specifi	ication, \$	130 fec (no sma	ll entity disco	ount)				2 000 4
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SUBMITTE	inglish Specifi		130 fec (no sma			3,103	elephone 202-58	35-8000	3,800,(
SUBMITTE Signature	inglish Specifi		130 fee (no sma	Registrati	ion No. 48	3,103		25-8000 27 22, 2006	3,800.0